

Signature of Candidate (it applicable)

Warning: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who falls to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil

BY A CANDIDATE'S COMMITTEE (\$1,000 CONTRIBUTIONS OR MORE)

State Form 48492 (R4/11-05)

Indiana Election Commission (IC 3-9-5-20.1; 3-9-5-22)

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-11 REPORT

INSTRUCTIONS: Only candidates receiving a "large contribution" are required to file this report. Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

COMMITTEE INFORMATION			
1. Full Name of Candidate (include any nickname)	. '	0-0 007/	
Curtis Westley Bigsbee 1317, 919-9916			
3. Mailing Address (address where all campaign finance correspondence	ce is received)	address	
14.0. box 36172			
4. City State 2	Code 5. Party Affiliation or if Independent Candidate		
Inapls IIN 1410234 Democrat			
6. Office Sought (Include district number, if any. Not required for exploratory committee.) 7. County of Residence			
City County Council Dist 5 Marion			
8. Reporting Period:	1 - 1 -		
From: 10 27 2015 Through: 10	22/2015		
For classification, enter INDV for individual; PAC for political action committee: CORP t	for corporation; LAB for labor organization; NON	E for all entries which are not one of	the above categories.
CONTRIBUTOR'S FULL NAME AND OCCUPATION	TYPE OF CONTRIBUTION	COLUMN A	DATE RECEIVED
FULL MAILING ADDRESS (street. number. city. state, ZIP code)	OR OTHER RECEIPT	AMOUNT OF CONTRIBUTION	RECEIVED BY
Classification 1.	Contributions:		
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Contributor's Occupation (if applicable)			
Classification 2.	Contributions:		
	Direct		
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	☐ Misc (specify)		
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Contributor's Occupation (if applicable) Classification 3.	Contributions:		i
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	☐ In-Kind (describe)		
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	Other Receipts:		
	☐ interest ☐ Loan		
	☐ Misc (specify)		
Contributor's Occupation (if applicable)		1	
CERTIFICATION FOR OFFICE USE ONLY			
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.			
Signature of Treasurer Title	Date (MM-D		FILED
	10. 71 10/2	13/12	FILEU

Date (MM-DD-YY)

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